

PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0851-0031


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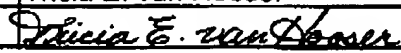
|  |                      |                        |         |
|--|----------------------|------------------------|---------|
| <b>TRANSMITTAL FORM</b><br><small>(to be used for all correspondence after initial filing)</small> | Application Number   | 09/590,657             |         |
|  | Filing Date          | 06/07/2000             |         |
|  | First Named Inventor | Bart J. Bombay         |         |
|  | Art Unit             | 2634                   |         |
|  | Examiner Name        | Chang, Edith M.        |         |
| Total Number of Pages in This Submission   | 20                   | Attorney Docket Number | 59.0027 |

| ENCLOSURES (Check all that apply)   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Remarks</div> | <input type="checkbox"/> After Allowance Communication to a Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Certificate of Transmission under 37 CFR 1.8<br>PTO/SB/05 Fee Determination Record |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                    |   |
|--------------------|---|
| Firm or Individual | Robin Nava, Reg. No. 42,926   |
| Signature          |  |
| Date               | June 9, 2004  |

**CERTIFICATE OF TRANSMISSION/MAILING**

|  |   |      |              |
|--|---|------|--------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>June 9, 2004</u> |   |      |              |
| Typed or printed   | Tricia E. van Hooser  |      |              |
| Signature  |  | Date | June 9, 2004 |

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PTO/SB/06 (08-03)

Approved for use through 7/31/2008. OMB 0651-0032

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| PATENT APPLICATION FEE DETERMINATION RECORD                               |   |                                    |               |                         | Application or Docket Number<br><b>59.0027</b> |        |
|---|---|------------------------------------|---------------|-------------------------|--|--------|
| Substitute for Form PTO-875   |   |                                    |               |                         |  |        |
| <b>CLAIMS AS FILED - PART I</b>   |   |                                    |               |                         |  |        |
| (Column 1)  |   | (Column 2)                         |               | SMALL ENTITY            |  | OR     |
| FOR   | NUMBER FILED  | NUMBER EXTRA                       |               | RATE                    | FEE  |        |
| BASIC FEE<br>(37 CFR 1.18(e))   |   |                                    |               |                         | \$   |        |
| TOTAL CLAIMS<br>(37 CFR 1.18(c))  | 20  | minus 20 = 0                       |               | X \$                    |  | \$ 690 |
| INDEPENDENT CLAIMS<br>(37 CFR 1.18(b))                                    | 3   | minus 3 = 0                        |               | X \$                    |  | 0      |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))                         |   |                                    |               | +                       | \$   |        |
|   |   |                                    |               | TOTAL                   |  | \$ 690 |
| * If the difference in column 1 is less than zero, enter "0" in column 2. |   |                                    |               |                         |  |        |
| <b>CLAIMS AS AMENDED - PART II</b>  |   |                                    |               |                         |  |        |
| (Column 1)  |   | (Column 2)                         |               | SMALL ENTITY            |  | OR     |
| (Column 3)  |   | (Column 4)                         |               | OTHER THAN SMALL ENTITY |  |        |
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT                                | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE                    | ADDITIONAL FEE                                 |        |
|   | Total (37 CFR 1.18(a))  | 20                                 | 20            | 0                       |  |        |
|   | Independent (37 CFR 1.18(b))                                    | 7                                  | 3             | 4                       |  |        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) |                                    |               |                         |  |        |
|   |   |                                    |               | TOTAL ADD'L FEE         |  | 344    |
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT                                | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE                    | ADDITIONAL FEE                                 |        |
|   | Total (37 CFR 1.18(a))  |                                    |               |                         |  |        |
|   | Independent (37 CFR 1.18(b))                                    |                                    |               |                         |  |        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) |                                    |               |                         |  |        |
|   |   |                                    |               | TOTAL ADD'L FEE         |  |        |
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT                                | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE                    | ADDITIONAL FEE                                 |        |
|   | Total (37 CFR 1.18(a))  |                                    |               |                         |  |        |
|   | Independent (37 CFR 1.18(b))                                    |                                    |               |                         |  |        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) |                                    |               |                         |  |        |
|   |   |                                    |               | TOTAL ADD'L FEE         |  |        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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PTO/SB/97 (05-03)

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**Attorney Docket No. 59.0027**  
**Certificate of Transmission under 37 CFR 1.8**

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on June 9, 2004

Date

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Signature

Tricia E. van Hooser

Typed or printed name of person signing Certificate

**Note:** Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

PTO/SB/21 Transmittal Form  
PTO/SB/17 Fee Transmittal for FY 2004  
PTO/SB/06 Fee Determination Record  
PTO/SB/22 Petition for Extension of Time (2-months)  
Amendment and Response (15 pages)

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